OCT 31 1930

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

30957

File No. .....

Registered No. .....

1. PLACE OF DEATH

County St. Louis — Registration District No. 784

Township St. Ferdinand — Primary Registration District No. 4468

City Ferguson — (No. St. Louis Training School St. ..... Ward)

2. FULL NAME James H. Rowe Jr.

(a) Residence. No. 1334 Shenandoah St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF XX

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1/28/23

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
7	8	28	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At School

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER James H. Rowe Sr.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Valley Mines
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Elsie Robinson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Evansville
(STATE OR COUNTRY) Ill.

14. INFORMANT James H. Rowe
(Address) 1334 Shenandoah

15. FILED 10/4 1930 Dr Carl J. Koontz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/26/30 19

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19..... and that death occurred, on the date stated above, at 2.05 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental Fall from window on June 16, 1930.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Skull Fracture, Gastric atony. Indirect (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Ferguson Mo

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? Hospital physical & chemical signs

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) John O'Connell, M. D.

9/27, 1930 (Address) Coroner St. Louis County

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Valey Mines Mo.	9/28/30

20. UNDERTAKER	ADDRESS
McLaughlin	1631 Mo ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD